

JS
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

ALVAIR DESOUSA

P.O. BOX 4508

PHILA, PA. 19131

(In the space above enter the full name(s) of the plaintiff(s).)

11 9997

- against -

THE CITY OF PHILADELPHIA

PHILADELPHIA POLICE DEPARTMENT

THE DISTRICT ATTORNEY'S OFFICES

Ex P/O Sharkey #3675 Pr #260062

Marian Braccia, Esq.

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

ALVAIR DE SOUSA

P.O. BOX 4508

PHILA - PA - 19131

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name _____
 Street Address _____ THE CITY OF PHILADELPHIA
 County, City _____ POLICE DEPARTMENT
 State & Zip Code _____ PHILADELPHIA
 _____ PENNSYLVANIA, 19107

Defendant No. 2 Name _____
 Street Address _____ THE DISTRICT ATTORNEY'S OFFICE
 County, City _____ FELONY WAIVER UNIT
 State & Zip Code _____ PHILADELPHIA
 _____ PENNSYLVANIA, 19107

Defendant No. 3 Name _____
 Street Address _____ MATTEW SHARKEY
 County, City _____ 17TH DISTRICT 1201 Point Breeze Ave
 State & Zip Code _____ PHILADELPHIA
 _____ PENNSYLVANIA, 19146

Defendant No. 4 Name _____
 Street Address _____ MARIAN BRACCIA, ESQUIRE
 County, City _____ THREE SOUTH PENN SQUARE
 State & Zip Code _____ PHILADELPHIA
 _____ PHILADELPHIA, PA. 19107-3499

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?
1824 DICKINSON ST. PHILA., PA. (CRIMINAL JUSTICE CENTER)

B. What date and approximate time did the events giving rise to your claim(s) occur? _____

MAY 19, 2009 @ 9:30 AM (MARCH 30, 2007)

C. Facts:
I WAS THE VICTIM OF A MALICIOUS PROSECUTION BY THE PHILADELPHIA POLICE DEPARTMENT, THE DISTRICT ATTORNEY'S OFFICE BY AND THROUGH ITS LEGAL REPRESENTATIVES i.e., Mrs. Braccia, Esq. and P/O Mr. Sharkey.

What happened to you?

Who did what?

P/O SHARKEY INVADED MY HOME, BROKE MY JAW BONE IN DIVERS PLACES, ARBITRALELY ICARCERATED AND DENIED ME ADEQUATE MEDICAL TREATMENT.

Was anyone else involved?

P/O DANG #6483 AND A MOB OF UNDISCLOSED OFFICES ASSISTED MR. SHARKEY IN THE BRUTAL ATTACK, AND LASTLY DISTRICT ATTORNEY BRACCIA, ESQ.

Who else saw what happened?

JULIO GONCALVES (SEE AFFIDAVIT STATEMENT)

SEE ATTACHMENTS.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

~~A BROKEN JAW, HAND AND COLORBONE. I UNDERWENT SURGERY ON BOTH JAW AND HAND SPRINTER. DUE TO THE CONDITIONS OF MY INCARCERATION, I WAS PREVENTED FROM MEDICAL TREATMENT WHICH RESULTED ON MY MOUTH TO BE WIRED SHUT FOR OVER TWO YEARS, AND A PERMANENT WHITERED HAND.~~

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

~~TO HEAR MY CASE AND DECIDE WHAT'S JUST (UNSPICIFIED) AMOUNT TO BE PAID AND DONATED TO PREVENTION AGAINST ARBITRARY PROSECUTION AGENCIES ACROSS THE NATION BY THE DEFENDANTS.~~

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of MAY, 2011.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

[Signature]

P.O. Box 4508
PHILA. PA. 19131

267 237 10 51

215 473 34 07

jd@sousa.comcast.net

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Plaintiff/Petitioner

v.

*Defendant/Respondent*_____
Civil Action No.APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: _____

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$
Other real estate (Value)	\$
Motor vehicle #1 (Value)	\$
Make and year:	
Model:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$	\$
Other (<i>specify</i>):	\$	\$
Total monthly expenses:	\$	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
- ☐ Yes ☐ No If yes, describe on an attached sheet.
10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☐ No
- If yes, how much? \$ _____
- If yes, state the attorney's name, address, and telephone number:
11. Have you paid — or will you be paying — anyone other than an attorney (*such as a paralegal or a typist*) any money for services in connection with this case, including the completion of this form? ☐ Yes ☐ No
- If yes, how much? \$ _____
- If yes, state the person's name, address, and telephone number:
12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.
13. Identify the city and state of your legal residence.

Your daytime phone number: _____

Your age: _____ Your years of schooling: _____

Last four digits of your social-security number: _____

11. 3857



LILLIAN HARRIS RANSOM
JUDGE

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
COURT OF COMMON PLEAS
JUDICIAL CHAMBERS

1218 CRIMINAL JUSTICE CENTER
1301 FILBERT STREET
PHILADELPHIA, PA 19107
(215) 683-7071
FAX: (215) 683-7073

August 3, 2010

Alvair De Sousa, Jr.
P.O. Box 4508
Philadelphia, PA 19131

Re: Commonwealth v. Alvair De Sousa, CP-51-CR-0004414-2008

Dear Mr. De Sousa:

Please be advised, this Court received your letter on August 2, 2010, regarding your request for your trial transcripts. You must request a copy of your transcript with the Court Reporters Office at 100 South Broad Street, 2nd Floor Philadelphia, PA 19110. A copy of your letter has been sent to your attorney who can advise you.

Sincerely,

Jennifer S. Tuck, Esquire
Law Clerk to the Hon. Lillian H. Ransom

cc: Samuel Stretton, Esquire



Receipt Number: 51-2010-R12360
Recorded Date: 01/20/2010 02:51PM
Receipt Date: 01/20/2010

Payor: Desousa, Alvair
1824 Dickinson ST
Philadelphia, PA 19146

Payable to: First Judicial District
Clerk of Quarter Sessions
Criminal Justice Center
1301 Filbert Street
Philadelphia, PA 19107

Payment Date	Payment Method	Check / Money Order Number	Bank Transit Number	Void	Payment Amount
01/20/2010	Payment From Escrow			No	\$150.00

Responsible Participant: Desousa, Alvair

Docket Number: CP-51-CR-0004414-2008

Short Caption: Comm. v. Desousa, Alvair

Total Amount Owed by Responsible Participant on this case: \$0.00

Total Amount Owed by Responsible Participant on all non-archived cases in this Court: \$0.00

Payment Summary:

Total Payment Received:	\$	500.00
Change Amount:	\$	0.00
Retained Unapplied Amount:	\$	350.00
Payments Less Change:	\$	150.00

Comments: Certified Mail 7009 2250 0004 2504 6369

RETAIN THIS RECEIPT FOR YOUR RECORDS

SAMUEL C. STRETTON

ATTORNEY AT LAW
301 SOUTH HIGH STREET
P.O. BOX 3231
WEST CHESTER, PA 19381-3231

(610) 896-4243
FAX (610) 896-2919
May 15, 2008

BENJAMIN FRANKLIN HOUSE
SUITE 204
834 CHESTNUT STREET
PHILADELPHIA, PENNSYLVANIA 19107
(215) 627-6653
PLEASE REPLY TO: WEST CHESTER

Monica DeSousa
1415 Peach Street
Philadelphia, PA 19131

Dear Ms. DeSousa:

I read, with interest, what your husband wrote. It is fairly outrageous what happened to him. I am curious what happened to the underlying criminal charges. I need more information, though, and I would need for him to telephone. Please call immediately.

Very truly yours,



Samuel C. Stretton

SCS:mm1

VIA FACSIMILE

SAMUEL C. STRETTON

ATTORNEY AT LAW
301 SOUTH HIGH STREET
P.O. BOX 3231
WEST CHESTER, PA 19381-3231

(610) 696-4243
FAX (610) 696-2919
May 15, 2008

BENJAMIN FRANKLIN HOUSE
SUITE 204
834 CHESTNUT STREET
PHILADELPHIA, PENNSYLVANIA 19107
(215) 627-6652
PLEASE REPLY TO: WEST CHESTER

Monica DeSousa
1415 Peach Street
Philadelphia, PA 19131

Dear Ms. DeSousa:

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Very truly yours,



Samuel C. Stretton

SCS:mm1

VIA FACSIMILE

COMMONWEALTH OF PENNSYLVANIA

MAY 1, 2008

COUNTY OF PHILADELPHIA

STATEMENT AND AFFIDAVIT

TO WHOM THIS MATTER MAY HAVE CAUSE FOR CONCERN:

MY NAME IS JULIO GONCALVES AND BOTH THE AUTHOR OF THIS STATEMENT AND AFFIANT OF THE AFFIDAVIT. MOREOVER, PLEASE BE ADVISED THAT THIS STATEMENT REFLECTS ACCURATELY THE EVENTS AS I EXPERIENCED THEM ON MARCH 30, 2008, AT ABOUT 6:00 P.M., THAT EVENING, IN TRUTH

AT THIS TIME ALVAIR AND I WERE SITTING IN THE DINING ROOM OF HIS HOME AT 1824 DICKINSON STREET IN PHILADELPHIA, WHEN SURPRISINGLY THE FRONT DOOR WAS BUSTED IN. THIS UNEXPECTED EVENT EVOKED A DIRE SENSE OF FEAR AND ANTICIPATED INJURIOUS VIOLENCE. MY ENTIRE MENTAL STATE WAS HORRIFIED AND EVEN DEEPENED WHEN I SAW THAT THE INTRUDERS WERE WHITE POLICE OFFICERS

WHEN THE POLICE RUSHED INTO THE LIVING ROOM, I HEADED TOWARDS THE DINING ROOM. ALVAIR WHO STARTED SLOWLY WALKING TO AND THEN IN THE LIVING ROOM WHERE THE WEAPONS-IN-HAND OFFICERS APPROACHED HIM. I PERSONALLY DID NOT HEAR THE CLOSEST TO ALVAIR COP SAY OR SHOUT ANYTHING. HOWEVER, WHAT I OBSERVED WAS THE COP FORCEFULLY STRIKING ALVAIR IN THE FRONTAL PART OF HIS HEAD OR FACE WITH HIS CLUB FROM WHICH HE SUCCUMBED TO THE FLOOR IN OBVIOUS UNCONSCIOUSNESS. I ASSUMED THAT I WOULD BE THE NEXT VICTIM. BUT INSTEAD, THE BRUTALIZING OFFICERS TOOK ALVAIR'S HAND/WRIST AND CONSCIOUSLY WITH WHAT SEEMED INCREDIBLE FORCE RIPPED IT BACKWARDS SUCH THAT I HEARD THE BONES BREAKING AND EXPERIENCED A NEVER BEFORE RUN OF CHILLS THROUGHOUT MY BODY WITH A NEARLY COLLAPSED MIND.

PRAISES BE TO GOD THAT THESE COPS PAID NO ATTENTION TO ME. RATHER THEY GRABBED ALVAIR BY THE ARMS AND DRAGGED HIM OUT OF THE HOUSE. I DID NOT PSYCHOLOGICALLY GATHER MYSELF TOGETHER FOR SOME TIME AFTER STUMBLING ON THE COUCH IN THE LIVING ROOM. INITIALLY, I WAS UNDECIDED ABOUT CALLING ALVAIR'S WIFE IN THE HOSPITAL BUT EVENTUALLY DID WHILE LEAVING OUT ALL OF THE GORY DETAILS OF HIS POLICE KIDNAPPING.

FINALLY, MAY I STATE THAT I AM UNFAMILIAR WITH AN ACT OR CRIME THAT ALVAIR MAY HAVE COMMITTED. BUT OVER THE YEARS, I CAN ATTEST TO HIS DEVOTION TO FAMILY AND FRIENDS AND ACQUAINTANCES AS A LEGITIMATE, HARDWORKING BUSINESSMAN FOR WHOM I AM WILLING AND ABLE TO TESTIFY IN ANY FORUM OR

ABRAMSON & DENENBERG, P.C.

Attorneys-at-Law

Simon J. Denenberg*
Thomas Bruno, II**
David H. Denenberg*▲
Alan E. Denenberg**
D. Ben van Steenburgh*

* Member PA Bar
° Member NJ Bar
▲ Member DC Bar

Twelfth Floor
1315 Walnut Street
Philadelphia, PA 19107
e-mail: lawyers@adlawfirm.com
Fax: (215) 546-5355

(215) 546-1345

A Pennsylvania Corporation
registered in New Jersey
(856) 354-9385

Benjamin Abramson
1932 - 1978

Of Counsel:
Aileen Schwartz**
Teri B. Himebaugh*

May 13, 2011

JQ Contractors, Inc.
P. O. Box 4508
Philadelphia, Pa. 19131

Attn: Alvair DeSousa

Re: JQ Contractors, Inc. vs. Nelson Construction & Design

Dear Mr. DeSousa:

I am writing to you at this time to follow up our meeting in my office of May 6, 2011. I would appreciate you advising our office of who you believe owned the company, Nelson Construction & Design. This entity, Nelson Construction & Design has not registered its fictitious name with Harrisburg.

The two individuals who live at 1405 Sumneytown Pike, Ambler, Pa. are Jonathan T. Nelson and Ashley M. May. Are these two individuals related?

Prior to reaching a fee agreement, I would like to determine the facts surrounding this entity.

Sincerely,

David H. Denenberg

DHD/mvf

55

UNITED STATES DISTRICT COURT

11

3237

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: P.O. BOX 4508 PHILA PA 19131

Address of Defendant: PHILADELPHIA, PA.

Place of Accident, Incident or Transaction: 1824 DICKINSON ST. PHILA PA 19146
(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?
(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a)) Yes ☐ No ☐

Does this case involve multidistrict litigation possibilities? Yes ☐ No ☐

RELATED CASE, IF ANY:

Case Number: _____ Judge _____ Date Terminated: _____

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? Yes ☐ No ☐
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? Yes ☐ No ☐
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court? Yes ☐ No ☐
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? Yes ☐ No ☐

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☒ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☐ All other Federal Question Cases
(Please specify)

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases
(Please specify)

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, _____ counsel of record do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: _____ Afrat K. Kaur
Attorney-at-Law

Attorney I.D.# _____

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 05-18-2011 Afrat K. Kaur
Attorney-at-Law

Attorney I.D.# _____

JS IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CASE MANAGEMENT TRACK DESIGNATION FORM

ALVAIR DE SOUSA
v.
CITY OF PHILADELPHIA

CIVIL ACTION

NO. **11 3237**

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) (X)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ()

Date

05-18-2011

ALVAIR DE SOUSA
Printed Name of Pro Se Plaintiff

[Signature]
Signature of Pro Se Plaintiff